

A DISCUSSION ON INFLUENZA AS IT AFFECTS THE NERVOUS SYSTEM
(British Med. Jour., Sept. 29, 1900).

J. S. Bury classified his cases into two groups. In the first the nervous symptoms were of two types, the comatose and delirious; in the second group he classified a number of minor nervous sequelæ.

The comatose type shows in a well-marked example a patient with or without the usual influenza symptoms, who gradually becomes drowsy and apathetic; he answers questions with difficulty, and in a few days becomes comatose. Post-mortem examinations in such cases have shown either nothing abnormal or slight congestion of the meninges, or a purulent meningitis with or without an encephalitis, which may be hemorrhagic in character. The meningitis may have been secondary to an otitis or a primary influenza meningitis. A cerebral abscess may develop.

In contrast with this comatose type cases are met with in which there is great restlessness, irritability, delirium, and even mania. Dreschfeld has reported several such cases.

Of the nervous sequelæ following influenza there seems to be a rich harvest, greater, in fact, than any following other infectious diseases. Affecting the brain there may be neurasthenia, hysteria, epilepsy, outbursts of delirium, and every variety of psychosis; with meningitis, encephalitis, cerebral hemorrhage, embolism, and thrombosis of arteries, veins or sinuses. In the cord almost every variety of myelitis has been found, and in the nerves neuritis or neuralgia in the territory of nearly every cerebral or spinal nerve. Retrobulbar neuritis was of special interest. The paralyses affecting the bulbar nerves or their nuclei are often very bizarre, and illustrate one of the striking peculiarities of the influenza toxins. Isolated paralysis of the superior rectus, of the inferior or external rectus, with paralysis of accommodation, with paralysis of both third nerves, or both fourths or fifths, or sevenths, or with one side of the tongue. All of these tend to recover.

Dr. Broadbent reported cases of hemiplegia due to influenza, and had seen one fatal case of paralysis of the respiratory muscles in an influenza multiple neuritis. Dr. Allbutt brought out the fact that the cases of paralysis were very tedious and the prognosis quite grave, but the majority finally recovered, although at times with some slight impairment. He thought that the front cerebral lobes were especially prone to the action of the toxin. He urged lumbar puncture in order to clear up the diagnosis of many of the difficult cases. Dr. Buzzard spoke of the analogies which existed in the bizarre distribution of the symptoms to precisely similar groupings in syphilis and anterior poliomyelitis of children. These facts pointed almost conclusively to the fact that the causative factor in these irregular paralyses was the toxin of the influenza bacillus.

JELLIFFE.

A CASE OF DEATH FROM PSYCHIC INSULT, WITH REMARKS UPON
DELIRIUM NERVOSUM DUPUYTREN, AND OPERATION-PSYCHOSES. F.
Pagenstecher (Phila. Med. Jour., Vol. V, 1900, p. 863).

The results of psychic insults have been known to surgeons for some time under the name of delirium nervosum Dupuytren, and, more recently, of operation-psychooses.

Pagenstecher reports a case, which he believes to be the first of the kind reported, in which death was the outcome of a psychic insult. He gives the history of the case in detail, of which the following are the essential features: The patient was a merchant 51 years of age, who

had never been ill or injured in any way. He was not a drinking man. One day while at his desk sharpening a pencil he cut his thumb and his pen fell from his ear upon the wound, staining it with ink. His nephew tried to wash off the ink and then the man went to a physician near-by. He was very much excited and told the doctor that he was much worried for fear of blood-poisoning, as his ink was so poisonous. He complained of pain in his left arm and was anxious to notify his accident insurance company. The physician found, on the ball of the left thumb, four small vertical scratches, though all extended only to the true skin and could scarcely have bled. These scratches were each about 1 cm. long, and one of them was stained with ink. The patient wanted the doctor to amputate his arm if he thought it necessary. A dressing was put upon the thumb and the man went back to his factory. Later in the day he went home and complained of the pain in the arm. Then he went to see his family physician, who scraped away the ink with a knife and used bichloride solution on the thumb and put on a fresh dressing. The patient felt the poison working its way up to the axilla, and told his physician also to amputate the arm if it was necessary. After this dressing was put on the patient fell in a fainting fit, with profuse perspiration, and, because of this and because he thought he felt enlarged axillary glands, this physician thought that there were perhaps symptoms of blood-poisoning, but not enough to justify amputation. The patient passed a bad night and was very much excited when his physician called the next morning with an associate. He demanded amputation of his arm, was delirious, had auditory hallucinations, made arrangements for his own funeral, complained of headache, and tossed restlessly about in bed. At this time his pulse was 70, soft and regular; his temperature was not taken. After the doctors left, a nurse being with him, his face and mouth twitched and he crouched in the corner. When quieted he began to tell the nurse all about his private affairs. Then the twitching of the face and his nervousness began anew. The patient's face was yellowish-white and the pulse was regular. At 4 P. M. Pagenstecher was called to operate, and found the patient free from delirium, but most positive that he was going to die and that his arm must be amputated. He was fearful of the pain which would be caused by the removal of the dressing on his thumb, but said nothing when it was taken off. There was no sign of irritation in the wound, nor any appearance of infection or glandular enlargement. The statement about the painful areas on the arm were very contradictory. The patient appeared weak when he sat up, and the twitching of the face and mouth was striking. He also demanded amputation from Pagenstecher. An hour later his pulse was 72, soft, and full. Two hours later the patient was in a moribund condition, the heart's beat being scarcely audible. Death was sudden and wholly unexpected. The heart continued to beat for one and a half minutes after respiration ceased. Blood-poisoning was ruled out by the results of the necropsy, but no real cause of death was found.

Pagenstecher's opinion is that the case was one of traumatic neurosis which developed into an acute psychosis. He thinks that death possibly resulted from insufficiency of the heart, and doubts that it beat after respiration ceased. Two perfect examples of Dupuytren's delirium nervosum are cited in detail as illustrating less severe results of psychic insults.

Pagenstecher also discusses the predisposing causes of delirium nervosum and operation-psychoses and the cause of death in this case, and cites a number of writers who have written on these subjects.

This patient had a large amount of accident insurance, and the insurance company presented three theories against the claim, *i. e.*: (1) that the patient committed suicide by curare poisoning, (2) that it was a case of tetanus, and (3) that it was a case of acute hysterical psychosis. Pagenstecher agrees with the last theory, except in regard to the term hysterical. BONAR.

100 BEOBSACHTUNGEN VON HEMI- UND DIPLEGISCHEN INFANTILEN CEREBRALLÄHMUNGEN (Mit besonderer Rücksicht auf nachfolgende Epilepsie) (100 Observations on Hemiplegia and Diplegia in Infantile Cerebral Paralysis, with Especial Attention to Consecutive Epilepsy). A. Fuchs (Jahrbücher für Psychiatrie und Neurologie, Vol. XIX, No. 1, p. 106).

This is a study by A. Fuchs of 100 cases of infantile paralysis of cerebral origin, with a view to the questions of etiology, of clinical symptoms, and of the resulting conditions, especially of epilepsy and idiocy. A neuropathic hereditary history was obtained in 54 per cent. of all cases; of the remainder, alcohol, syphilis, tuberculosis of the parents were the most frequent etiological factors. Only three cases were found in which the true etiology of Little could be demonstrated. In 44 per cent. of all cases epilepsy developed either immediately after the cerebral attack or later in life. In 42 per cent. of the cases the phenomena of post-hemiplegic spontaneous movements were found. Athetosis was more frequent than chorea. In this latter particular Fuchs' statistics differ from the older ones. The deep reflexes were found increased, as a rule; clonus was found frequently, more often in those cases where, as the result of the paralysis, a generalized neurosis, especially epilepsy, developed. A most constant after-result of the paralysis was joint deformity; in two cases a hypoplasia of the scapula was found. It is interesting to note that the so-called idiopathic muscle defect, or the high position of the scapuli, which had been frequently described, may be due to an infantile cerebral paralysis, which has left no other trace behind. On the question of epilepsy the following is noted: In the differentiation of the genuine from symptomatic epilepsy, it might be well to limit the term genuine epilepsy to those cases in which, together with the well-known clinical picture of epilepsy, that is, convulsions, psychical epilepsy is present also. This occurs either in the form of equivalents for the convulsions or in the form of epileptic impulsive insanities with absence of convulsions. All other forms, as well as those in which an anatomical lesion is present or suspected, should be classified as symptomatic epilepsy. In both cases no consideration, either as to the frequency or intensity of the attacks, is necessary.

SCHWAB.

"UEBER DIE WIRKSAMKEIT DER SPINALPUNCTION UND DAS VERHALTEN DER SPINALFLÜSSIGKEIT BEI CHRONISCHEM HYDROCEPHALUS" (On the Efficiency of Spinal Puncture and the Character of the Spinal Fluid in Chronic Hydrocephalus). Grober (Münchener med. Woch., 1900, XLVII, No. 8, S. 245).

The author gives the histories of two cases of chronic hydrocephalus treated by repeated lumbar puncture in addition to general tonic and hygienic measures.

Case 1. A boy of three years, with the general symptoms of rickets, an enormous head, with widely open fontanelle, and unable to use his limbs or to talk, was under treatment for seven months, during which